

2006 SALARY SURVEY
for the
AGREEMENT FOR LOCAL GOVERNMENT FIRE SUPPRESSION
ASSISTANCE TO FOREST AGENCIES
(California Fire Assistance Agreement)

Please complete and/or correct this salary survey information sheet and return with original signature as soon as possible to **(no fax copies accepted)**:

OES Fire and Rescue Branch
 Attn: Reimbursement Section
 3650 Schriever Avenue
 Mather, CA 95655

Agency 3-Letter MACS ID:	
Agency/Department Name:	
Chief's Name:	
Mail:	
Address:	
City, State, Zip Code:	
Telephone Number:	
FAX Number:	
*E-Mail address:	

* E-mail is for individual responsible for reviewing and processing salary survey and invoices.

All information provided on this form is subject to audit by the Forest Agencies signatory to the California Fire Assistance Agreement.

Please provide the hourly "Average Actual Rate", for each classification used by your agency that is reflected in the chart below. Instructions for calculating the "Average Actual Rate" are provided in the "Instructions", included with this document.

Classification Title	2006 Base Rates (Straight Time)	Average Actual Rate (Straight Time)as of: _____	Above Battalion Chief w/ a local agreement (MOA/MOU)
Chief	\$11.31 per hour	/per Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deputy Chief	\$11.31 per hour	/per Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Division Chief	\$11.31 per hour	/per Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistant Chief	\$11.31 per hour	/per Hour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Battalion Chief	\$11.31 per hour	/per Hour	
Co. Officer/Capt./Lt.	\$10.35 per hour	/per Hour	
App Officer/Engineer	\$10.35 per hour	/per Hour	
Firefighter/FF-PMedic	\$10.35 per hour	/per Hour	
Workers Compensation Insurance Rate:			
Unemployment Insurance Rate:			
Agency Federal Taxpayer ID Number or Federal Employer ID Number:			
Agency Data Universal Numbering System DUNS Number:			

*** NOTE: These rates are not effective until the date they are received by OES. ***

I have reviewed the information provided by my Agency/Dept. and certify to the best of my knowledge and belief that this information is correct.

What is reported on this form, constitutes direct salary costs for employees.

Dept./Agency Fire Chief Signature: _____ Date: _____